For Office Use Only

Vermont Department of Labor

WAGE AND HOUR PROGRAM

P.O. Box 488 • Montpelier, VT 05601-0488
Telephone: 802-828-0267 • Fax: 802-828-4198
Email: wagehour@labor.state.vt.us_

COMPLAINT FORM

For Office Use Only
Response:
Date

Name:	Telephone Number:						
Mailing Address:							
(P.O. B	sox / Street)	(Town)	(Stat	te) (Zip Code)			
If no telephone, how may you be reached?							
May we leave an explicit message for you, including information about this complaint?							
Do you wish us to tell the emptontact you with the results of		complaint? (If no	o, the Wage and Ho	ur Program will NOT			
Business Name:	iness Name: Business Telephone Number:						
Business Owner's Name:	Susiness Owner's Name: Type of Business:						
Business MAILING address:							
	(P.O. Box / Street)	(Town)	(State)	(Zip Code)			
Business PHYSICAL address	S:(Street)	(Town)	(State)		_		
Are you an employee of this b	ousiness?		,		_		
Are you an employee of this business? Complaint about (check all that apply)							
Unlawful child labor. [21 V.S.A. Chapter 5 Subchapter 4/Child Labor Rules]							
Failure to provide a proper wage statement with each wage payment. [Vermont Minimum Wage Rules]							
☐ Failure to provide reasonable opportunities for employees to eat and to use toilet facilities [21 V.S.A. §304]							
☐ Change of wage payment schedule without advance written notice. [21 V.S.A. §342(b)]							
☐ Unauthorized payment of wages by electronic transfer [21 V.S.A. §342(d)]							
Failure to post mandatory employment law posters. [21 V.S.A. §442, Vermont Minimum Wage Rules]							
Other (describe):							
Please explain your complaint:							
I hereby certify that, to the best of my knowledge, these statements are true.							
Signature:			Date:		_		